

Initial Provider Assessment

☐ Temporary Safety Provider

☐ Kinship (Relative or Fictive Kin) Care Provider

Case Name:	County Case Number:	Date:
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Children to be placed

	Child's Name	SIS Number	DOB	Gender	Race/Ethnicity	Needs/Behavioral Considerations
1						
2						
3						
4						

Safety or Kinship Provider (Caretaker) Information

	Provider(s) Name	SS#	DOB	Gender	Race/Ethnicity	Relationship to Children	Place of Employment/Source of Income
1							
2							
3							

*Provider Address: _____

Provider Phone(s): _____

Other Members of the Household

	Name	SS#	DOB	Gender	Race/Ethnicity	Relationship to Provider	To participate in care of children? Y/N
1							
2							
3							
4							
5							

Background Checks Completed for all household members over age of 16, including providers

	Name	Criminal History Found Y/N	Criminal Activity identified	CPS History Found Y/N	CPS History
1					
2					
3					
4					
5					

Be sure to obtain any other names that may have been used by any household member (maiden name, AKA, etc.) for background checks.

☐ 911 calls for provider's address(es) have been reviewed. Date/Reason for 911 calls: _____
 (Enter NA if no 911 calls)

*Ask Provider the length of time he/she resided at this address. If under 2 years, request previous address(es).

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A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Child(ren)'s Needs			
	1. The provider has/had a relationship with the child(ren) and/or family and understands the child(ren)'s needs.	Discuss provider's relationship with the children and the provider's understanding of all the child(ren)'s needs and/or behaviors (see child(ren)'s needs on page 1). Discuss the relationship between the children and other members of the provider's household. Discuss the relationship between the provider(s) and the child(ren)'s parents.	
	2. The provider is willing to provide age-appropriate supervision for the child(ren).	Discuss the family's plan for supervising the child(ren), including any needs for additional services (day care, for example) to provide supervision.	
	3. The provider will use fair, reasonable discipline which emphasizes positive reinforcement.	Discuss family's discipline practices. Does the family agree to not use physical punishment, isolation, deprivation of food, threats of harm, or humiliation? Discuss appropriate disciplinary measures for the above listed child(ren) based on age and maturity and needs and the agency's expectations about use of positive reinforcement.	
	4. The provider is willing and able to ensure that the child(ren)'s well-being needs will be met.	Discuss with the provider any upcoming needs for the child(ren). a. Does the provider have the means to transport the child(ren) to upcoming medical, dental or mental health appointments? Do they have ability to respond to an emergency need (medical or other)? Do they have first aid supplies? Does the child have any allergies that need to be addressed?	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

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A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		b. How will the child be maintained in current educational setting? If not, how will the child(ren) be supported through the transition? c. Are there any cultural or faith considerations?	
	5. The provider is willing and able to protect the child(ren) from continued maltreatment. The family will report any evidence that the child has been abused or neglected.	a. The provider agrees to not take sides regarding the allegations; will not blame the child. b. Discuss reporting requirements with the family; obtain and document provider's commitment to report any concerns to the agency. Discuss behavioral indicators of abuse and neglect.	
	6. The provider is willing and able to provide appropriate boundaries to protect the child. The provider will enable the child(ren) to maintain connections with other family members.	Discuss with the providers any requirements around contact between the child(ren) and parents (including phone calls). Determine that the provider is able and willing to support appropriate contact with the birth parents. <u>Include additional documentation if needed that defines visitation and supervision requirements.</u> Determine if there are any issues regarding visits by friends or extended family members. Discuss how contact can be maintained with friends, siblings and extended family members.	
	7. The provider has sufficient financial resources to meet the child(ren)'s basic needs, immediate needs, and/or has access to resources.	a. The provider has sufficient resources to provide for child(ren)'s basic needs (shelter, food, clothing, basic health care, etc.). b. The provider has sufficient resources to be able to take on the extra responsibility of the child(ren) in addition to covering the needs of the current household members (consider possibility of higher utility bills, medical needs, transportation expenses, etc.).	

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A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		Discuss eligibility requirements for IV-E assistance or other agency assistance available.	
	8. The provider's home will have adequate sleeping space with reasonable privacy and comfort for each child.	The bedroom for all children must be seen. The provider has a reasonable plan for each child that considers the child(ren)'s age, gender, needs and history.	
Safety			
	9. The provider's home is free of safety hazards.	Assessment requires all rooms of the home are seen and assessed for safety, including: <ul style="list-style-type: none"> a. There are working smoke detector(s). b. The family has approved car seats based on age and weight. Children up to age 8 or 80 pounds must have a car seat. c. All dangerous cleaning supplies, medicines, and any other dangerous chemicals are inaccessible to children. d. All weapons are locked and inaccessible to children. e. All entrances/exits to and from the home are unobstructed. f. There are no observable safety hazards (uncovered electrical outlets or exposed wires, broken windows, doors or steps, or rodent/insect infestation). 	
	10. The provider's home has adequate and sanitary utilities.	Toilet (outhouse), and kitchen facilities and utilities (refrigerator, stove, oven) viewed by assessor, determined to be in reasonably sanitary and working condition. The home has all basic utilities (water, electricity, and heat) and in full operating condition. The provider has a working telephone (or cell phone).	
	11. The provider(s) have a clear background (NO history of involvement	a. CPS records check has been completed. The provider(s) provides a self-report with no CPS history of concern.	

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	with child protective services and NO criminal history that precludes them from caring for the child(ren).	b. Criminal checks has been completed. There must be NO findings of convictions or pending charges for violence, sexual offenses, crime against minors, or other criminal acts that would place the child(ren) at risk. Any exceptions require supervisory approval.	
	12. The provider(s) (and no other household member) use of alcohol or any other substance use does not present risk of harm to the child(ren).	Provider(s) understands and acknowledges risks associated with use of substances, including alcohol, while providing care to children. Any criminal history related to alcohol use or possession was discussed. Assessment of this element should include: The provider(s) provided a self-statement regarding use of alcohol or other drugs, observations of the provider(s) and the home, and other possible indicators.	
	13. Provider(s) do not have a history of domestic violence.	Assess the provider(s) knowledge and understanding of domestic violence and impact on children. Obtain and document a self-statement regarding control and fear in any intimate relationship in provider(s) personal history. Discuss any 911 responses to the home related to domestic violence resulting with or without arrest. Discuss any past or current 50B orders regarding household members or prior partners of household members.	
	14. Provider(s) are physically and mentally capable of providing care for the child(ren).	Document self-statement, observation, and evidence. Discuss any medication that any providers in the home are prescribed or use on a regular basis. Discuss chronic illness for any member of the household (this may not have any impact on ability to provide care but may eliminate issues and/or future questions). Example: infant child can be lifted by provider even with provider history of back issues.	

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A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Summary / Other			
	15. Other: Provider(s) are able to meet any other special needs for the child(ren).	a. Discuss any identified special needs (not already addressed), for example, child's fear of pets, smoke allergies and confirm how the needs will be met. b. Discuss any case specific considerations that could impact the Temporary Parental Safety Agreement or Family Services Agreement and assess the provider(s) ability to handle (threats by a parent, past relationship between provider and parent, etc.).	
	16. Provider(s) are willing to provide care for the child(ren) and for how long.	Discuss provider's willingness to care for the child(ren) with agency involvement and following agency requirements and the length of time they are willing to provide care. Discuss the agency's requirement to monitor the children and the anticipated frequency of home visits.	

Other Notes (visitation plan, follow up needed, other comments, etc.). Attach additional documentation if needed.

Initial Provider Assessment

Agreement regarding care of the child(ren) (BOTH types of providers):

- The Provider understands that the following cannot happen without the county child welfare agency knowledge:
 - The child(ren) shall not return to the parents care (as defined by Temporary Parental Safety Agreement or non-secure order).
 - Any change to the make-up of the provider's household or a household move by the provider shall be immediately communicated to the agency.
 - All contact between the child(ren) and parents shall be according to the supervision/visitation plan developed with the parents.
 - The child(ren) shall not move to another home/out of the home approved by this assessment. Any need for a move of the child(ren) shall be immediately communicated to the agency.
- The Provider is able to maintain contact with the parents to communicate about the child(ren)'s needs and well-being.
- The Provider agrees to ensure that the child(ren) get to needed medical, dental, mental health and educational services.
- The Provider understands that if for any reason the county child welfare agency determines that the needs of the child(ren) are not being met, the child(ren) may be removed from the home.
- The Provider agrees to notify the Social Worker immediately if there are any changes related to the care of the child(ren).
- The Provider understands that the county child welfare agency has the responsibility of assessing the safety and well-being of the child(ren) and will need to have access to the child(ren) and the provider's home whenever requested.
- If the need for a Temporary Safety Provider(s) continues beyond 45 days or for a Kinship Provider continues beyond 30 days, another assessment will be completed and the children may be removed from the home at or around that time.

Agreement for Temporary Safety Providers (NOT kinship providers):

- **The provider understands that this is a voluntary arrangement made by the parents and the county agency does not have custody of the child(ren). If a parent indicates to the Temporary Safety Provider that they desire to end this voluntary arrangement, the Temporary Safety Provider must contact the county agency immediately.**
- If the need to modify or review the Temporary Parental Safety Agreement occurs, this Initial Provider Assessment will be updated as needed, and the children may be removed from the home at or around that time.

Initial Provider Assessment

The purpose of this Initial Provider Assessment is to determine that the child(ren) can safely live in another household, one that the parent(s) have identified and agree with, without their parents OR as defined by a Temporary Parental Safety Agreement that a Temporary Safety Provider can reside in the family home. The Initial Provider Assessment should determine: a) if all individuals in the provider's home are appropriate (or that the Temporary Safety Provider is appropriate to reside in family home), b) that the provider's household and physical environment is safe (except for when the Temporary Safety Provider will reside in family home), and c) that the child(ren)'s needs can be met. While using a provider the parent(s) should continue to be involved in the care of and in meeting the needs of their child(ren). A plan to meet the child(ren)'s safety and well-being has/will be developed and there is common understanding about that plan (which also addresses visitation and contact between the parent(s) and child(ren)).

Start Date for Child(ren):		Review Date:	
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We, the undersigned, have reviewed the above assessment and agree to work together to provide a safe and nurturing environment for the above- named children.

Provider's Signature	Date	Provider's Signature	Date
Provider's Signature	Date	Provider's Signature	Date

To be completed by county child welfare agency:

Recommendation. ☐ Approve ☐ Not Approve

If the recommendation is to approve and there are any findings of F (Follow up Needed), justification should be provided below. The recommendation should be to Not Approve with a U (Unacceptable) finding for any requirement.

Social Worker's Signature	Date	Supervisor's Signature	Date

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

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Initial Provider Assessment Instructions

When placement of a child in the home of an identified provider, including a relative or other kin, is being explored, the agency is required to assess the suitability of that home. **The Initial Provider Assessment Form must be completed prior to placement of any child with a provider. It must also be used when a Temporary Safety Provider is identified to move into the family home to meet the need for a parent's access to their child(ren) to be restricted/supervised during an assessment.** The Initial Provider Assessment is intended for use in situations such as:

Child Welfare Service	Assessment Forms To Be Completed
CPS Assessment--child cannot be safely maintained in own home or a Temporary Safety Provider will move into the family home. Parent identifies the Temporary Safety Provider.	Initial Provider Assessment (check Temporary Safety Provider box), Safety Assessment that reflects use of Temporary Safety Provider
CPS In-Home Services	There must be an open CPS Assessment. Separation or restriction of a parent's access to his or her child(ren) due to safety threats must involve court intervention during In-Home Services.
Child Placement Services--relative/kinship homes are explored as resources when a child(ren) is in agency custody.	Initial Provider Assessment (check Kinship Care Provider box), Comprehensive Provider Assessment must be completed when placement continues beyond one month.

Definitions

Temporary Safety Provider: Any provider identified during a CPS Assessment. A parent should identify the Temporary Safety Provider and a parent must voluntarily agree with the decision to use a Temporary Safety Provider. A Temporary Parental Safety Agreement is intended to be short term (from several days up to 45 days or for the duration of the CPS Assessment only) and to address an immediate or impending safety threat.

Kinship Care Provider: Any provider (relative or fictive kin) identified or in place during Child Placement Services. Identification of a Kinship Care Provider by a parent is desired; however a parent may not always agree with the decision to evaluate or place a child with a specific kinship care provider. Placement with a Kinship Care Provider often lasts for months or years, has court oversight, and addresses safety and/or risk factors.

Ratings for the Requirements (A/F/U)

Acceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be safe and appropriate for consideration for the child(ren) regarding this requirement.

Follow Up Needed: Based on the information obtained, services and/or modifications are required for the provider(s) and/or his or her home to be found safe and/or appropriate for the child(ren) regarding this requirement. Any identified services or modifications must be clearly identified with a plan for resolution with a required completion date. Use page 7-8 to document additional details if needed. If a provider is unable to provide care immediately, but could do so within a short time frame, assess if this is the best resource for the child and, if so, arrange for another provider (preferably with a relative) and assess this resource as a backup placement. **Consider whether or**

Initial Provider Assessment Instructions

not the Temporary Parental Safety Agreement needs to be modified based on information obtained during this assessment of a Temporary Safety Provider.

Unacceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be unsafe and/or inappropriate for the child(ren) regarding this requirement.

Completing the Initial Provider Assessment

Any restriction of a parent's access to his or her child is traumatic for that child. The Initial Provider Assessment will support decisions about use of a provider that is safe and able to meet the child(ren)'s needs.

All the information requested on Page 1 must be completed and updated as additional information is received. Note: Development of a diagram of the kinship network is a helpful tool in working with the family to help them identify its support system, the nature of the interrelationships and recurring patterns in issues such as abuse, substance use, suicide, etc.

Page 1 captures information required for background checks, including criminal, CPS and 911 call logs. Be sure to ask the provider how long he/she lived at the current address. If under 2 years, obtain previous addresses and request the 911 call logs at those addresses. Also be sure to request from the parent information about the child(ren)'s needs as this information will be needed to complete the following pages of the Initial Provider Assessment.

The provider assessment tool, starting on page 2, has four columns: 1) ratings (Acceptable, Follow Up Needed or Unacceptable regarding the provider's ability to meet the requirement); 2) requirements to assure a reasonably safe, stable, and nurturing environment; 3) elements to guide the interview/assessment process; and 4) documentation for comments and service needs. The documentation section must describe the specific discussion with the provider in regards to each requirement. For example, regarding discipline, documentation section must describe what forms of discipline the provider agrees to use and not use. The documentation section must also address any reservations the social worker may have, as well as plans to address any needs that preclude or interfere with compliance with the requirement. If more room is needed for any section, comments can be continued on page 7-8 of the form or with use of attachments.

The Initial Provider Assessment is designed to address critical factors of safety and stability. Some questions, for example school placement, may require more time to fully assess, but must be addressed with the prospective provider before placement to avoid future disruption.

Upon completion of the assessment the form must be reviewed with the provider(s), signed and dated by the provider(s), signed and dated by the social worker, and reviewed and signed and dated by the social work supervisor. The social work supervisor may sign the assessment the next business day but must have verbally discussed the findings with the social worker and approved the provider before placement is made. The discussion/review with the social work supervisor must be documented in case documentation.

When completing the Initial Provider Assessment for a Temporary Safety Provider who will reside in the family home, it is only necessary to complete the following requirements: 1 through 6, and 11 through 16. Requirements 7 through 10 should be marked out for the assessment of a

Initial Provider Assessment Instructions

Temporary Safety Provider that will reside in the family home and provide safety interventions in the family home as defined in the Temporary Parental Safety Agreement.

This Initial Provider Assessment must be reviewed whenever the Temporary Parental Safety Agreement is reviewed and/or modified. At the review, if changes have been made, the last page must be signed by all participants including the provider, social worker, and supervisor. The social work supervisor may sign the assessment the next business day.

During Child Placement Services, the Comprehensive Provider Assessment must be completed within a month of the child receiving placement services.

Guidance on Initial Provider Assessment requirements

1. Ask the provider about his or her history with the family and knowledge of the child(ren)'s needs that may be associated with separation from their parents. Do providers know the child(ren)'s daily routine and are they willing to make changes to accommodate child(ren)'s daily and emotional needs? Is the provider familiar with any child behavioral issues and how to best deal with those behaviors.
2. Supervision needs vary with the age and maturity of the child. The family should be referred to appropriate resources, both within and outside the agency that can help them meet the needs. For a preschool child, this would include day care; for a young school-aged child, the need might be an afterschool arrangement; for teenagers, referrals might be to community recreation, work, or volunteer opportunities.
3. Be prepared to offer a variety of alternative disciplinary methods that are appropriate to the age and maturity of the child. The material from TIPS-MAPP on "Teaching Children Healthy Behaviors" is a useful guide.
4. Discuss the medical and educational needs of each child to be placed and how these needs will be met. Are there any scheduled appointments for the child(ren)? Does the provider have the ability to ensure the child(ren) keeps those appointments? Is there a need to schedule treatment for any condition or to assess for any medical, dental, developmental, or educational needs? Who will be responsible for making these appointments and how will the parent(s) be involved? What information needs to be provided to the provider regarding any medical, dental, developmental or educational needs? If the child(ren) is school aged, what does the provider know about the child(ren)'s behavior and academic performance in school? Are there issues that need to be discussed with school personnel? Who will notify the school of the temporary changes required by the Temporary Parental Safety Agreement?
5. Discuss the provider's relationship with the family. Discuss the allegations or findings of fact with the provider in an objective manner, and the immediate plans that are being developed with the parent(s). Listen for the provider's attitude about the allegations or findings. Discuss any concerns you may have about the provider's expressed or observed attitudes. Discuss what constitutes abuse and neglect with the provider(s). Make sure the provider understands his or her requirement to report to the social worker any concerns or observations he or she has that could indicate additional instances of abuse or neglect while in the parent's care. Be prepared to educate the provider regarding reporting requirements and behavioral indicators. Prepare any written material that may be helpful for the provider to use for review.

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6. Listen for the provider's attitude about the birth family and about family contact. Discuss any concerns the social worker may have about the provider's expressed or observed attitudes. Discuss the way that he or she would be expected to interact with the child. Discuss parental visitation rights and the next planned contact; ask for and incorporate to the extent possible provider's wishes regarding his or her involvement with any visitation arrangements. Discuss contact with other extended family members.
7. Discuss signs of financial security. Discuss the immediate financial needs of the child, health problems, or other issues that will impact the family's finances. Ask if the financial resources will be sufficient to provide for the child, as well as for the other members of the household. Discuss the family's sources of income and current expenses.
8. Observe the area designated for the child; address any concerns. If resources are needed such as a bed, ask the provider if someone in the family might have the needed items. If not, see if the agency has resources to help purchase such items or ask about donations. Some second hand stores may be willing to provide furniture free or at reduced prices. The agency may want to recruit donations from the community to have available in emergencies. Will the child(ren) have adequate privacy?
9. Observe the condition of the home. Tour the house looking for the listed items. If a small repair would allow the family to meet the requirement, ask about the resources within the kinship network. If needed, discuss voluntary resources within the community or agency funds to accomplish the repair(s) quickly.
10. Personally observe and evaluate the functioning of the bathroom fixtures and kitchen appliances. Determine if the outhouse is far enough away from water source to present no health hazard. Evaluate condition of outhouse regarding cleanliness, presence of dangerous insects, rodents, and snakes. Ask about the frequency of cleaning the facilities.
11. If a person has a criminal record of convictions, discuss with the agency supervisor whether or not the criminal behavior would preclude the approval of this provider. Factors to be considered on convictions include: the length of time since the conviction; the number of convictions that might indicate a pattern of criminal behavior; the types of crimes; and/or criminal behavior that suggests alcohol or substance abuse. Exceptions to this requirement MUST have immediate supervisory approval, with the rationale for exceptions documented by the supervisor. CPS substantiations or Services Needed can preclude use of this provider. If the provider's explanation of the incident suggests the possibility of granting an exception, review the CPS findings in the case to determine if an exception could be appropriate. For example, if a person was substantiated for neglect several years ago, completed parenting classes, and has demonstrated adequate and appropriate parenting skills since, they might be considered as a provider. As above, exceptions to this requirement MUST have immediate supervisory approval, with the rationale for exceptions documented by the supervisor.
12. An accurate assessment of the use of alcohol and/or other substances by the potential provider(s) that could interfere with his or her ability to provide care is required. Introduction of this discussion should, therefore, be non-judgmental. For example, if a person had several convictions for driving under the influence, it will be important to determine whether he or she continues to drink or use other substances.

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13. If domestic violence is suspected or confirmed, utilize the domestic violence resources/assessment tools for enhanced practice. Assess the provider's relationship(s) to determine if there is/has been an established pattern of domestic violence, and if there are current safety issues that could put the child at risk of future emotional and/or physical harm. If the provider has been a perpetrator of domestic violence, discuss if he or she has completed a batterer intervention program. If the provider has been victim of domestic violence, discuss if he or she has sought support services such as a protective order, domestic violence education, counseling, etc. Assess the provider's view of domestic violence, its effect on the child, and his or her capability and willingness to protect the child. Discuss any concerns with the supervisor regarding the appropriateness of the provider.
14. Social worker assessment is key to this requirement. The social worker must document statement that the provider makes about his or her physical and mental state during the interview process. Observations of affect, responses to other household members, and outlook on life are good clues to a person's status. During the assessment of this factor, explore any issues of concern. If needed, ask for release of information to get a physician's report of health and the likely physical and mental impact of caring for the child.
15. This requirement is intended to identify case specific issues that may impact the success of the child in the care of this provider.
16. Ask the provider if he or she is willing and able to provide a home for the child on a temporary basis, and how long they can provide it. If he or she cannot provide care for a minimum of 45 days, determine whether involvement as a provider will meet the needs of the situation.

Child and Family Team (CFT) Meetings and Use of Initial Provider Assessment

As stated in CFT policy ([Chapter VII: Child and Family Team Meetings](#)), a CFT should be held regarding any separation of child(ren) from their parents or when a placement change/disruption for a child may occur. A CFT will support open communication between all involved, can help address issues around safety planning, decisions regarding initial agreements and about services, and identify ways to help child(ren) transition successfully, and could reduce issues regarding use of a provider. If a CFT cannot be held prior to use of a new provider, then a CFT must be scheduled as soon as possible. The times that a CFT will be of value when a provider (Temporary or Kinship) is identified:

During a CPS Assessment:

- If a Temporary Parental Safety Agreement requiring separation or restriction is being proposed
 - If nonsecure custody is considered the only means necessary to ensure safety of the child.
- During this CFT meeting, other safety interventions, as well as all possible providers must be discussed.

During Child Placement Services:

- When a child's placement is at risk of disruption
- When a relative/fictive kin have been identified for possible placement